

Office of the Attorney General Electronic and Information Resource Accessibility Exception Request

| 1. Requestor Information | | | | | | | |
|---|---|-------------------|----------------------|-------------|-----------|--|--|
| | | uestor Must be a | | Date: | | | |
| | Division | | on Chief or Director | | | | |
| Requestor email: | | Telephone number: | | | | | |
| | | T ou | () | | | | |
| Office address: | | City: | | State: | ZIP code: | | |
| Division: | | Supervisor: | | | | | |
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| 2. Description of Electronic and Information Resources (EIR) Exception Request | | | | | | | |
| | | | | | | | |
| Is the EIR: | | | | | | | |
| under development? | development? ur | | nder revision? | | | | |
| Completion date: | completed or acquired? | | | | | | |
| EIR type: | | | | | | | |
| Web page so | software application | | | | | | |
| electronic document m | multimedia or video content information technology hardware or office equipment | | | | | | |
| (PDF, MS Word, PPT, etc.) | | | | | | | |
| electronic form | | | | | | | |
| EIR title: | | | | | | | |
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| EIR description (include all relevant details and, if applicable, URL address and hardware or office equipment location): | | | | | | | |
| equipment location). | | | | | | | |
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| The EIR is (enter X for all that apply): | | | | | | | |
| mission critical for service delivery | | used in staff of | developr | ment or tra | aining | | |
| required to perform an essential job function other, please describe | | | | | - | | |

| 3. Justification for Exception | | | | | |
|--|------------------------------------|------------|--|--|--|
| Describe the significant difficulty or expense that justifies the requested exemption. | | | | | |
| Describe the significant difficulty of expense that ju | ustilles the requested t | exemption. | | | |
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| 4 Alternative Compliance Methods | | | | | |
| 4. Alternative Compliance Methods Describe alternative access to be provided. | | | | | |
| Describe alternative access to be provided. | | | | | |
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| 5. Relevant Cost Avoidance Estimates | | | | | |
| Describe cost avoidance estimates. | | | | | |
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| 6. Executive Management Response | | | | | |
| This exception request is: Expiration date of this exception: | | | | | |
| | Expiration date of this exception. | | | | |
| Approved Denied | | | | | |
| Attorney General or First Assistant Attorney General signature: | | Date: | | | |
| X | | | | | |